(Approved by U. S. Census and American Public Health Association.)

laborer, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servar, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealnature of the business or industry, and therefore an the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material not gainfully em-(b) Grocery;

Statement of Cause of Death—Name, first, the pissea. If a course of Death (the primary affection with respect to time and causation), using always the same accental term for the same disease. Examples: Cerebrospinal (the only definite synonym is "Epidemic cerebromeningitis"); Diphtheria (avoid use of "Croup"); id fever (never report "Typhoid Pneumonia"); pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Sewile," etc.), "Dropsy,"
"Ethaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease approved by Committee on Nomenclature of the cerbolic acid-probably suicide. The nature of tho injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Careinoma, Sareoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injuly State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as (secondary or intercurrent) affection need Whooping dianus) may be stated under the head of "contributory." American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, cough; Chronic valvular heart disease; etc. The contributory not be

1PLACE OF DEATH	O1067 STATE OF MARYLAND
County Flent	CERTIFICATE OF DEATH
County	Registration Dist. No. 202
Oak XX	MI N. an
Village or City White Four (No	Ward) (If death occurred in a hospital or institution, give its NAME in-
2 FULL NAME Chester allen	Itishof . stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Morrell .	16 DATE OF DEATH WENT AST
OR DIVORCED	1931
Male VINUTE (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	Han 23 12/10/16/5/
\mathcal{N}_{OV} \mathcal{N}_{Day} , 1892 (Vear)	that I last saw himative on Fiel- 1 13/5
7 AGE If LESS than	and that death occurred on the date stated above, at
l dayhrs.	The CAUSE OF DEATH * was as follows:
38 yrs. 2 mos. 29 ds. or min.?	
(a) Trade, profession or Murth Business	Lobar meumonia.
particular kind of work Hur Officea	
(b) General nature of industry business, or establishment in	9
which employed or (employer)	(Duretion) yrs. mos. 7 ds.
9 BIRTHPLACE (State or country)	Contributory
_ vica	(Durstion) yes mos de.
FATHER & ON BULL	(Signed) M. D.
11 BIRTHPLACE	Heb 24 91 (Kod Carpester hours Mas
01	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
CState or country)	
of Mother May belle Sweum	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the State yrs mos ds.
(State or Country) - Mass	Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
me blecker a. Bus hoh	Former or usual residence
(Informant) Wis Popular W. 10 Carlo for	19 PLACE OF BURIAL OR REMOVAL
(Address) Challer Forward Mill	Providences thode tel 4 , 1931_
15 51 7et 3 108/ Wil Driete	20 UNDERTAKER Sland ADDRESS
Filed 127 V 1921	Shas I would whister hours,
If more branks are needed, address State Registra	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification is laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective o fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Groccry; (a) Foreman, (b) Automobile factory. The inaterial Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation

Statement of Cause of Death—Name, first, the DISBASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospizal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. tctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL scpticaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Whooping "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., oi ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiby Committee on Nomenclature of the or intercurrent) affection need not be 'Congenital,' "Senile,' etc.), "Dropsy,
""Heart failure," "Haemorrhage, Example: Measles (disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent turner correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

CLT TIEST ST. W. S. V UA.

If more blanks are needed, address tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Md.



(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the nature of the business or industry, and therefore an Civil engineer, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, rner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injuny State cause for which surgical operation was underunqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiand consequences (e. g., sepsis,

PLACE OF DEATH	11969 STATE OF MARYLAND
County Keart	CERTIFICATE OF DEATH
WITHIN COLUMN 1 1	(75) Registration Dist. No. 202
Village or City Chesleyfow (No.	St.: Ward) (If death occurred a hospital or ine
2FULL NAME GEORGE BO	weu & tion, give its NAME stead of atreet number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, Surgle OR DIVORCED (Write the word)	16 DATE OF DEATH [16 7 , 19 3
6 DATE OF BIRTH (Month) (Day) (Y	that I last saw have alive on 192
7 AGE 3 4 yrs. who do or or	
(a) Trade, profession or	
particular kind of work (b) General nature of industry	2
business, or establishment in which employed or (employer)	(Duretion) yre, mos.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF GENERAL BONNEY, S	(Signed) (Si
II BIRTHPLACE OF FATHER	(Address)
Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whethe Accidental, Suicidal or Homicidal.
of Mother augusta Stevan	A 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Ta
	inte on Posent Desidents)
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Racent Residents) At place of deathyrsmosds. In the Stateyrsmos
	At place In the
OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death
OF MOTHER (State or Country)	At place of death
OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address) Filed Jet /9 1937 No. J. J. J. J. J. J. J. Rogister Register	At place of death

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal minc, etc. Womwhatever, write None. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation Cotton mill; (a) Salesman, (b) Grocery, (b) Automobile factory. The materia

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospian fever (the only definite synonym is "Epidemic cerebrospian spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Recommendations on statement of cause of death American Medical Association.) approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(secondary Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need Chronic etc. The valvular heart disease; Nomenclature of the contributory not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AR 4 1

B.-Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD NET, WITH UNFADING INK-THIS IS A PERMANENT WRITE PL ż

BIND

MARGIN RESERVED FOR

V. S. No. 1

PLACE OF DEATH County Kent Village or City Cherlulant (No.	State OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 252 St.: Ward) (If death occurred in a hospital or institution, give its NAME in-
2FULL NAME George Hayer.	steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH
May 20., 1898 (Month) (Day) (Year)	that I last saw h alive on FAL 27, 132,
7 AGE 31 yrs. 9 mos. 5 ds. or min.?	and that death occurred on the date steted above, atm, The CAUSE OF DEATH * was as follows:
OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) **Professional Trade of Complex of C	(Duretion) yre. K. mos. de.
9 BIRTHPLACE (State or country) Waryland. 10 NAME OF FATHER Edward Bages.	Contributory Secondary (Duration) de. (Signed) M. D.
OF FATHER (State or country) Mary Land.	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) Md.	18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Trensients or Recent Residents) At place of deathyrsmosds. Where wes disease contracted,
(Informant) Hery Bayer, (Address) Chellelaws Med.	Former or usual residence
Filed Fet 27 1931 W.J. Hicks	20 UNDERTAKER ADDRESS Chaterlason Ma
If more branks are needed address State Registrar	. 16 W. Saretoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g.; Furmer or Planter tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE, CAUSING DEATH gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal Physician, Compositor, Architect, Locomotive engineer whatever, write Nonc. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The materia For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Salesman. (6) Grocery "," Deal-

Statement of Cause of Death—Name, first, the pis-EASE GAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> o loignus) may be stated under the head of "contributory." approved by Committee on Nomenclature stated unless important. Example: Measles (disease American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuky State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular etc. The contributory affection need Always qualify all heart disease; not be

PLACE OF DEATH County Leut	01971 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Milling (Non- 2FULL NAME Francis F. (St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. Married WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year)
Month) (Day) (Year)	that I last saw h salive on The last saw h saw
7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	Durstion yre mas 4 de.
which employed or (employer) 9 BIRTHPLACE (State or country) MO	Contributors / UNA DE DA NOS NOS de.
on 11 BIRTHPLACE	(Signed) to clean. Acel Dog. M. D.
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place of deathyrsmosds. Where we disease contracted
(Informant) Rules 74. Cole	if not at place of death? Former or usual residence
(Address) Mellington	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PLICALITY, 19 3 / 20 UNDERTAKER ADDRESS
Filed 2/1922 Market Registrar	The H. Good Church 1

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer--Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Physician. Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The questo report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Civil engineer, Stationary fireman, etc. But in many cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia Salesman, 6 Grocery,

Statement of Cause of Death—Name, first, the DISERALL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

tetanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(secondary "Atrophy," "Collapse, .. (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condior intercurrent) ," "Coma," "Convulsions, valvular heart disease; affection etc. The contributory need not be

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as it echool or it home. (are should be taken definite salary), may be entered as household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the whatever, write None. or given up on account of the bise tak causing beath Housemaid, etc. If the occupation has been changed proder or laborer, Farm laborer, Laborershould be used only when needed. As examples: (a) nature of the business or industry, and therefore au cases, specially in industrial employments, it is neces-Civil engineer. Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Plunter tion applie, to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-(a) Foreman, (b) Automobile factory. Statement of Occupation Precise statement of oc etc., without more precise specification as Day 6 yrx.). For persons who have no occupation For many occupations a single word or OF handa meta specifically the occ pations of persons en-Home, Stationary firemen, etc. pur children, not gainfully em--Coal mine, etc. Housewife, House-But in many Wom

Btalement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accept to time and causation), using always the same accept to time and causation), using always the same accept to time and causation), using always the same acceptation of the causation of the ca

ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF "PUERPERAL septicuemia.""PUERPERAL peritonitis," etc. rhage," "Inunition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," eonditions, such as "Asthenia." ary), 10 ds. Never report mere symptoms or stated unless important. Example: Measles use of "Tumor" for malignant neoplasms); ture of the injury, as fracture of skull, and consetrain-uccident; Revolver wound of head-homicide; diseases resulting from childbirth or miscarriage as ean be ascertained as the cause. Always qualify all "Dropsy," "Exhaustion," "Heart failure." "Haemorcausing death), 29 ds.; Bronchopneumonia Nomenclature of the American Medical Association.) Poisoned by carbolic acid—probably suicide. Examples: State cause for which surgical operation was under-"Uraemia," "Weaknes.." etc., when a definite disease (secondary or intercurrent) affection need Chronic interstitial nephritis, etc. The contributory Whooping (name origin; "Cancer" is iess definite; avoid inges, peritonacum, etc., Caroinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-For VIOLENT DEATHS State MEANS OF INJURIE "Debility" ("Congenital," "Senile," etc.), cough; Accidental drowning; Struck by railway Chronic valvulur heart disease; (Recommendations on state-"Anaemia" "Coma," "Con-The na-Meastes; terminal (disease (seeond-(merely not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspond ence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH County Tent Co.	01973 STATE OF MARYLAND CERTIFICATE OF DEATH
County	(158) Registration Dist. No.
Village or City Mellington (No.	St.: Ward) (If death occurred is hospital or institution, give Its NAME In
2FULL NAME Cunce M. S	ruling stond of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 BEX 4 COLOR OR RACE MARRIED, Onfait WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH PER 12, 1931 (Month) (Day) (Year)
6 DATE OF BIRTH Hel. 11, 193	17 1 HEREBY CERTIFY, That I attended the deceased from 1931 to 7:22 /29 , 1932 that I last saw has alive on 7:38 /2 1932
(Nonth) (Day) (Yea	trat I last saw h.g., alive on
7 AGE If LESS t	
yrs. mos. ds. or m	
(a) Trade, profession or	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) mos
9 BIRTHPLACE (State or country) Millington Mel.	Contributory Secondary (Duration) yrs. mos.
10 NAME OF Charles Duling	(Signed) (Address) Market Van
of FATHER (State or country) Millington md.	*State the Disease Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental Suicidal or Homicidal.
of Mother Thus Casen	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran
a. 13 BIRTHPLACE OF MOTHER (State or country) Unless Ver.	ients or Recent Residents) At place of death yrs mos ds. State yrs mos d
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Charles Duling	Former or usual residence
(Address) Millington Mid	Mellington mel Fiel 12, 193
Filed 2/12/ 1971 M. Price	Dan a John Son millington
If more blanks are needed, address State Regis	strar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

er,' etc., without more previous laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health business, that fact may be indicated thus; Farmer (reguged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. cases, especially in industrial employments, it is neces-Physician, Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH to report household only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on specifically the occupations of Compositor, Architect, For persons who have no occupation Locomotive 6) persons enengineer, Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic derebyospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Indian procuronia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., o "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, totanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Exhaustion, causing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) approved carbolic acid-probably suicide. The nature of the injury. Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY diseases can be ascertained as the cause. Always qualify all Whooping American Medical Association.) (Recommendations on statement of cause of death (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as by Committee on Nomenclature of the " "Marasmus," "Old Age," "Shock," cough; Chronic affection need not be etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A the data is essential and must be obtained before the certificate is permanently filed.

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	. BEvery Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	C
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	Every Item of information should be carefully supplied. ACE should be stated EXAC' CIANS should state CAUSE OF DEATH in plain terms so that it may be properly class statement of OCCUPATION is very important. See instructions on back of certificate.	6 D
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County Cent	01974 STATE OF MARYLAND CERTIFICATE OF DEATH
(52)	Registration Dist. No. 200
Village or City Sassafras, (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day), 1864	that I last saw h Talive on Let 6, 1925/
7 AGE (Month) (Day) (Pear)	and that death occurred on the date stated above, at 1/450, m.
76 yrs. 11 mos. 3 ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	Carcusona of Face
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary (Duration)
10 NAME OF FATHER WM Hadway	(Signed) July Bulena Md,
OF FATHER (State or country)	*State the Disease Causing Death, or, in desths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Julia Brunn	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place In the of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Elound M Blackston	Former or usual residence
(Address) Foet R. W.	PLACE OF BURIAL OR REMOVAL PLACE OF BURIAL PLACE OF BURIAL 1931
Filed Fel La 1981 Jen P. Registrar	20 UNDERTAKER PORCESS CHUTTENTING
If more blanks are needed, addrage State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (10or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on yrs). For persons who have no occupation (b) Automobile factory. The materia Salesman. (6) Grocery,

Statement of Cause of Death—Name, first, the Decease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebropiud fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cropp"); Spinal meningitis"); Diphtheria (avoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritoritis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ol...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, cough; or intercurrent) affection need not be Chronic Example: Measles (disease valvular heart disease; etc. The contributory

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PLACE OF DEATH	01975 STATE OF MARYLAND
County Kest	CERTIFICATE OF DEATH
Village or City Thesledon (No.	Registration Dist. No. 202 St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME arbulins Fle	toker stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Cold Single, MARRIED. Surgle OR DIVORCED (Write the word)	16 DATE OF DEATH
(Month) (Day) 29 (Year)	17 I HEREBY CERTIFY, That I attended the deceased from the fill 1300 m. 192 f. feel 17/3 1, 26 m., 198 1, that I last saw h alive on 192 m,
7 AGE If LESS than 1 day hrs. mos. 29 ds. or min.?	and that death occurred on the date stated above, at 2 a . m. The CAUSE OF DEATH * was as follows:
occupation (a) Trade, profession or particular kind of work	Ocison (Wood Olcohol) +
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) Steers.
9 BIRTHPLACE (State or country)	Secondary (Durstion) yrsmosds.
10 NAME OF STATE STATE THETHER	(Signed) any Lady Carry M. D.
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Coldantegrison	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place In the of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOW CENE	if not at place of death? Former or usual residence.
(Informant) Myar Mushy - The	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL NECESSARY ME DEL 19, 1931
15 Filed Feb 19 1981 W.J. Alexander	20 UNDERTAKER OFICES Chesterlas
If more bianks are needed, address State Registrat	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, Spinner, (b) Cotton mill; (a) Salcsman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseer," etc., nature of the business or industry, and therefore an business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, especially in industrial employments, it is necesyrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the not gainfully em-(b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Traemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," approved tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traindiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-Whooping "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiinterstitial nephritis, by Committee on Nomenclature of the cough; Chronic Example: Mcasles (disease etc. The contributory

PLACE OF DEATH County	F DEATH
R de	No. 203 If death occurred in hospital or institu- nn, give Its NAME in- bad of street and imber.)
Z Z OE G DATE OF BIRTH	Day) (Year)
The CAUSE OF DEATH * was as follows: Comparison of the control	1925, 1925,
(Signed) (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE (Signed) 11 BIRTHPLACE (Signed) 192 (Address)	mos 3 da.
	and (2) Whether
(Informant) Walle 19 PLACE OF BURIAL OR REMOVAL D. 19 PLACE OF BURIAL OR REMOVAL D. 2/2 2/2 13/ B. Luw Driefen 20 UNDERTAKER Note Point	DATE OF BURIAL 124 , 1931 DERESS CLA Hell 1.1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs. state occupation at beginning of illness. If retired from gaged in dome-tie service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionary firemon, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons ployed as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on Farm loborer. Laborer -- Coal mine, etc. Wom-(b) Cotton mill; (0) Solesman, (b) Grocery; man, (b) Automobile foctory. The material without more precise specification as Day For persons who have no occupation (b)

Strtement of Cause of Death—Name, first, the first and construction with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) lelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepeis, approved by Committee on carbolic acid-probably suicide. The nature of the injury "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State eause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perdonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal eondicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcona, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railwoy traincough; Chronic etc. The contributory valvular heart Nomenclature of the Always qualify all diseose;

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. R. Blis Clark

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Nanager," "Deal-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, Howsemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a nner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation

spinal meningitis").; Diphtheria (avoid use of "Croup"); to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal pneumonia, Bronchopneumonia ("Pneumonia,

> Recommendations on statement of cause of death approved by Committee on (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease American Medical Association.) telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart disease; Nomenclature of the

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	CORD	arefully supplied. ACE should be stated EXACTLY, PHYSI-H in plain terms so that it may be properly classified. Exact
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PLACE OF DEATH	01978 STATE OF MARYLAND
County TEN V	CERTIFICATE OF DEATH
7/1///	(31) Registration Dist. No.
Village or City Miller (No	St.: Ward) (If death occurred in a hospitual or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	THEREBY CERTIFY, That I retended the deceased from
7 AGE 63 yrs. 3 mos. 2 ds. or min.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or Amelican kind of work	
(b) General nature of industry pusiness, or establishment in which employed or (employer)	Contributory Che (stuckbal Meflector Secondary
10 NAME OF FATHER THE COLONIAL OF LINE OF THE PARTY OF LINE OF THE PARTY OF LINE OF THE PARTY OF	(Signed) Munts Bucy M. D. (Address) Mullinghall
OF FATHER (State or country) Wen Usure 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MX KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death
(Informant) Allian Ring	Former or usual residence
(Address) Millingth 1 Mol	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PATE OF BURIAL 19 ADDRESS ADDRESS ADDRESS
If more bianks are needed addres State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precion and mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesbusiness, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enworked on may form part of the second statement. Civil engineer, Foreman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; eman, (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the pre-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosymal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., o: tctanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart muure, maemormage, "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases "Uraemia," "Weakness," etc., when a definite disease (secondary Chronic interstitial nephritis, Whooping as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as by Committee on Nomenclature of the cough; or intercurrent) affection need not be ChronicExample: Measles (disease ," "Coma," "Convulsions, etc. The contributory valvular heart disease; Measles;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate permanently filed.

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N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD NET, WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BIND WRITE PL

County New T. R. NO New St. Par	O1979 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City (No	St.: Ward) St.: Ward) Complete Complete St.: Ward) Complete Complete
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, MARRIED Married WIDOWED. (Write the word)	16 DATE OF DEATH
7 AGE Stale Total Total	that I last saw h salive on Self 23, 192, and that death occurred on the date atated above, at P. m. The CAUSE OF DEATH * was as follows:
a) CCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) P BIRTHPLACE (State or country) 10 NAME OF FATHER OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Durstion) Tyrs
OF MOTHER Susan French 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Suly B. N. C. Compte (Address) Le hestertown R. 10	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death
15 Filed Det 25 1981 2 m Smith Registrar	Chas L. Wodd, Chestertown
If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more coal mine, etc. laborer, Farm laborer, Laborer—Coal mine, etc. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. household only (not paid Housekeepers who receive a For many occupations a single word or term on without more precise specification as Day Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrofever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid Jever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of American Medical Association.) tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis, "(Exhaustion," "Heart mure, Haemorinage, "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. "Debility" ("Congenital," "Senile," etc.), "Dropsy, (secondary Chronic interstitial nephritis, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiperilonaeum, etc., Carcinoma, Sarcoma, etc., o (name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be ess important. Example: Measles (disease ," "Heart failure," "Haemorrhage, Chronic valvular heart disease etc. The contributory

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	BEvery item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate-
0	-Every item of Information should be carefully supplied. ACE should be stated EXACTLY, PH CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Estatement of OCCUPATION is very important. See instructions on back of certificate
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PLACE OF DEATH County County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 203
Village or City Work Hell (No	St: Ward) (If death occurred In a hospital or institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED. MARRIED. OR_DWORKED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH Seft 18, 1909 (Month) (Day) (Year)	that I last saw h 2 alive on 30, 1931,
7 AGE 1 Jyrs. 4 mos. 13 ds. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) Jyrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) mosds.
10 NAME OF Marcellas Back	(Signed) M. D.
of FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Ashide Hopkins	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	At place In the of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Rock Half	19 PLACE OF BURIAL OR REMOVAL A DATE OF BURIAL LA L
Filed 2/3/3/ 192 B. Lund Dudency Registrar	20 UNDERTAKER Shodd Phylertown
If more bianks are needed, addre. Etate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewije, Houseen at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Deal-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Foreman, (b) Automobile factory. The material to know (a) the kind of work and also (b) the For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-fever (the only definite synonym is "Epidemic cerebro-spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Exhaustion," "Heart fauure,
"Cold Age," "Shock,"
"Tnanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol approved by tehnus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death American Medical Association.) Never report mere symptoms or terminal condi-Committee on Nomenclature of the Chronic valvular heart disease; The nature of the injury, etc. The contributory affection need not be

01981 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 200

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200	 W	ard)	١
Dese.	 4.4	CAR CIL	,

(If death occurred in a hospital or institution, give its NAME is stead of street and number.)

	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH FIEL - 27, 1981
	(Month) (Day) (Year)
= '	17 I HEREBY CERTIFY, That I attended the deceased from
-	Feb 12 1921 to the 27 , 1921,
	that I last saw her alive on Fel 27 , 1921,
n	and that death occurred on the date stated above, at ? . OUA m.
8.	The CAUSE OF DEATH * was as follows:
5	Sinks Sun
_	
	(Durstion)
	Contributory Andrew Mullium
	(Duration) yrs. mos. 7 ds.
-	4 Lt 1921 (Address) Meellegter
_	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Meana of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	ients or Recent Residents)
	At place In the of deathyrs,mos,ds, Stateyrs,mos,ds.
-	Where was disease contracted, if not at place of dea.h?
	Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	Crumpton md. Feb. 28, 1931
-	Cumpun 1 101 0.20, 1931
2	ON DERTAKER TO ON DA A
78-	Ster a. Lolein & Sen Millington med

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more proven coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekecpers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"Exhaustion," "Heart failure," "Liaemorrhage, "Shock," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved (Recommendations on statement of cause of death as fracture of skull, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al "Uraemia, ""Weakness," etc., when a definite disease (secondary Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid cough; by Committee on Nomenclature of the or intercurrent) Chronic and consequences (e. g., sepsis, Example: Measles (disease affection need not be etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is, essential and must be obtained before the certificate is permanently filed.

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	·BEvery Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI.	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact	te.
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	ery item	ANS She	statement of OCCUPATION is very important. See instructions on back of certificate.
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1PLACE OF DEATH	01982 STATE OF MARYLAND
County Kent	CERTIFICATE OF DEATH
	Registration Dist. No. 202
Village or City Chistertown (No	Actions Cos. St.: Ward) (If death occurred In a hospital or institution, give its NAME Instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH F. 17 , 1931
6 DATE OF BIRTH Act. 75, 189 (Month) (Day) (Year)	THE IS 1981 to First 17 1981
7 AGE If LESS the law has been described by the law has been de	rs. The CAUSE OF DEATH was as follows:
(a) Trade, profession or Particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yıs
9 BIRTHPLACE (State or country) Maryland.	Secondary (Decadon) of yes
10 NAME OF John Hornof	(Signed)
OF FATHER (State or country) Maryland.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME Jack Lowner	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Maryland.	At place of deathyrsmosds, Stateyrsmosds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Josephine Garker. (Address) Jaillouf ayk Chesterlon	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Chestators Rub.19, 1931
Filed 2et 19 1931 W.J. Dley Registrar	Ls 20 UN DERTAKER Cluthery Children
If more branks are needed, address State Regist	rar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servan, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, Foreman, or At Home, and children, not gainfully emi-For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, (b) Grocery.eman, (b) Automobile factory. The material For persons who have no occupation

business, that fact may be indicated thus; "Farmor (relived 6 yrs). For persons who have no occupation whatever, write None.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospival fever (the only definite synonym is "Epidemic cerebrospival fever (the only definite synonym is "Epidemic cerebrospival fever (never report "Typhoid Pneumonia");

Typhoid fever (never report "Typhoid Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-Whooping cough; (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic etc. The contributory valvular heart disease;

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household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from gaged in domestic scrvice for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emlaborer, Furn laborer, Laborer—Coal mine, etc. Womnature of the business or industry, and therefore an Physician, Compositor, Architect, whatever, write None. or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement For many occupations a single word or term on Locomolive engineer

Statement of Cause of Death—Name, first, the DISE EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospical fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> American Medical Association.) approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "('Inanition,') "('Heart Immus,') "(Old Age,') "(Shock,')"
> "('Uraemia,') "(Weakness,') etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly can be ascertained as the cause. Always qualify ali (secondary Chronic interstitial nephritis, Whooping cough; (Recommendations on statement of cause of perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic valvular heart disease Example: Measles (disease etc. The contributory

V. S. No. 1

RESERVE

MARGIN

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or given up on account of the DISEASE CAUSING DEATH, lired 6 yrs). state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Collon mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octo report specifically the occupations of persons en-Physician, Compositor, Architect, Locomotive etc., Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia 6 engineer, Grocery;

Strtement of Cause of Death—Name, first, the Distance of Cause of Death—Name, first, the Distance of Cause of Death—Name, first, the Distance of Cause of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal feror (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphlheria (avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia,"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

10 ds. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if inpossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "E: haustion, tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopncumonia (secondary), use of "Tumor" for malignant neoplasms); Measles, American Medical Association.) approved by Committee on as fracture of skull, and consequences (c. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, Examples: Accidental drowning; Struck by railway train taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" (secondary Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi ("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage, cough; or intercurrent) affection need Chronic valvular h Nomenclature of the heart disease; contributory not be

All this certificate is looked over thoroughly and all qu stions abswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

County.	Registration Dist. No. 2
Village or City 6 hestertons (No. Rose) 2FULL NAME Anna Pie	St: Ward) St: Ward) (If death a hospital tion, give it stead of number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR SHORCED (Write the word)	16 DATE OF DEATH FIFT 13
6 DATE OF BIRTH (Month) (Day) (Year	17 I HEREBY CERTIFY, That I attended the de
7 AGE 5-8 yrs. 10 mos. ds. or min	and that death occurred on the date stated above, at
(b) General nature of industry business, or establishment in	(Duration) yrs. 6 m
business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER	Contributory Secondary (Duration) (Signed) (Address)
business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER Gray Hyperson of the country o	Contributory Secondary (Signed) 192 (Address) *State the Disease Causing Death, or, in deal Violent Causes, state (1) Means of Injury and (2) Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institution in the state of death yrs. mos. ds.
business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER OF FATHER OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) *State the Disease Causing Death, or, in deal Violent Causes, state (1) Means of Injury and (2) Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institution ients or Recent Residents) At place In the

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fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocnature of the husiness or industry, and therefore an additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). For persons who have no occupation without more precise specification as Day (b) Automobile factory. The material (b)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is loss definite; avoid use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertlonitis," etc. "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, etc. The contributory Whooping unqualified, is indefinite); Tuberculosis of lungs, menletanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, illity" ("Congenital," "Senile," etc.), "Dropsy, haustion," "Heart failure," "Haemorrhage," Never report mere symptoms or terminal condicough; Chronic valvular Always qualify all heart

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD WEY, WITH UNFADING INK--THIS IS A PERMANENT WRITE PL

BIND

MARGIN RESERVED FOR

PLACE OF DEATH County Kend	92-20 STATE OF MARYLAND CERTIFICATE OF DEATH
R. + Par Lament	Registration Dist. No. 20
2FULL NAME Isaach Ra	St.: Ward) a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED. MARRIED. MODIFICATION (WIDOWSC. (Write the word)	16 DATE OF DEATH (A) 16 , 1923 (Month) (Day) (Year)
6 DATE OF BIRTH don't no, 1	17 I HEREBY CERTIFY, That I attended the deceased from 1923 P. to July 1, 198, that I last saw have alive on July 1, 1927 k,
(Month) (Day) (Year) 7 AGE If LESS than	12.14
I dayhrs	
yrsmosds. ormin.?	Endolardille
(a) Trade, profession or particular kind of work	, V V
(b) General nature of industry business, or establishment in	(Durstion) yrs mos Z ds.
which employed or (employer)	Contributory Cronic Endolorlis
9 BIRTHPLACE (State or country) Parilloda mo	Secondary (Duration) yrs f mos 7 ds
10 NAME OF FATHER DON'TO	(Signed) M. D. W. Will M. D. Hab 17 1921 (Address) Kannelyville
OF FATHER (State or country) (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Glong 700	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Maryland	At place of deathyrsds. In the Stateyrsds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Caroline Kasin	Former or usual residence
(Address) Belleslowy me	Butlestown multile 21, 1931
Filed Herry 1923/ Melous	3 R Fellows Still Pond
If more bianks are needed, address State Registra	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housephaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Collon mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Salesman, (6) Grocery,

spinal meningitis"); Diphtheria (avoid use of "Croup" ed term for the same disease. Examples: Cerebrospina Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia" fever (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect pneumonia; Bronchopneumonia ("Pneumonia,

> "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart taute,
> "Old Age," "Shock," approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicacmia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as Whooping cough; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," interstitial nephritis, or intercurrent) affection need not be Chronic etc. The contributory " "Convulsions,

permanently filed. answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is II, this certificate is looked over thoroughly and all questions

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Exact

	01987		
PLACE OF DEATH	0.103.	STATE OF	MARYLAND
County Tent	93-C	CERTIFICAT	E OF DEATH
		Registration	Dist. No. 20 /
The state of the same			
Village or City / January (No. 1900)	11	St.: Ward	(If death occurred in a hospital or institu- tion, give its NAME is
2FULL NAME Edward	amps	Son	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE	OF DEATH
MSEX 4 COLOR OR RACE SINGLE, MARRIED, WIBOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH	Chelle	21-, 1923/ (Day) (Year)
6 DATE OF BIRTH	17 I HEREB		tended the deceased from
wy no, 1	1	1921 . to	192
(Month) (Day) (Year)	that I last saw h	alive on	
7 AGE UT TO IFILESS than I day hrs. or min.?	The CAUSPIOF DEA		- with
8 OCCUPATION (a) Trade, profession or	Chance	Trysca	dile
particular kind of work			:27
(b) General nature of industry business, or establishment in		(Duration)	3. mos de.
which employed or (employer)	Contributory	Advance	in Age
9 BIRTHPLACE (State or country) maryland	Secondary	(Durstion)	y naos a ds.
10 NAME OF	(Signed)	wow ble	M. D.
FATHER TIMELLOGISTE	Fel 23 198	(Address)	estatoron
OF FATHER (State or country) (State or country)	*State the I	is ase Causing Death	, or, in deaths from njury and (2) Whether
12 MAIDEN NAME OF MOTHER SERVICES		SIDENCE (For Hosp	itals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent R	esidents) In th	
OF MOTHER (State or Country)	of deathyrs	mosds. Sta	ateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease con if not at place of dea	h?	
mad Il brown	Former or usual residence		***************************************
(Informant)	19 PLACE OF BURI	OR REMOVAL	DATE OF BURIAL
(Address) Tourland	Toulain	- well	41-00-14. 193L
15 Filed Her 24 1921 & Hedails	20 UNDERTAKER	0	SOURCESS O
Filed TRV 1921 Registra:	BRUTEL	lows	still one
If more blanks are needed, address tate Registra	r, 16 W. Saratoga St.,	Balto., Requesting V.	S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farma (re-tired 6 yrs). For persons who have no occupation definite salary, may be entered as Housewife, Housework, or At Hone, and children, not gainfully emer," etc., without more present all mine, etc. Wom-laborer, Farm laborer, Laborer—Coul mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from nature of the business or industry, and therefore an Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, whatever, write Nonc. g. ged in domestic service for wages, as Screant, Cook ployed as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on Stationary fireman, etc. But in many

Stritement of Cause of Death—Name, first, the bise EACC (VUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disc.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

American Medical Association.) telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E.haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, can be ascertained as the cause. Always qualify all (secondary (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY or intercurrent) Chronic etc. The contributory affection valvular heart disease need not be

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1PLACE OF DEATH	01988 STATE OF MARYLAND
County Sterl-	CERTIFICATE OF DEATH
WITHIN CONTOLA /	Registration Dist. No. 202
Village or City Lester Lown No. 2FULL NAME Samuel Shep	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color OR RACE SINGLE, MARRIED, WIDOWEDLE OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h alive on Feet 1957.
7 AGE HG yrs. lendenows ds. lf LESS than l day hrs. or min.?	and that death occurred on the date stated above, at
a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country)	Contributory Secondary (Du 1107) Ayrs
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) MA	(Signed)
of MOTHER Elizabeth Jones	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
(Informant) ohn Sheppente (Address) Physics town	if not at place of death? Former or usual residence
15 Filed Let 17 1931 W.J. Nicks	20 UNDERTAKER Wil Dicks Chesterlain

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) (a) Foreman, (b) Automobile factory. The should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective or cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a laborer, Foreman, For many occupations a single word or term on or At Home, and children, Farm laborer, without more precise specification as Day For persons who have no occupation If the occupation has been changed Laborer--Coal minc, etc. not gainfully emmaterial Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same uccepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Tobar pneumonia, Bronchopneumonia ("Pneumonia,"

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; tetanus) may be stated under the head of "contributory." "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite discase atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), unqualified, is indefinite); Tuberculosis of lungs, menapproved as fracture of skull, and consequences le. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicidc; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-American Medical Association.) Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of death perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report more symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY interstitial nephritis, cough; by Committee on Nomenclature 29 ds.; Bronchopneumonia (secondary), Chronic etc. valvular heart The contributory disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important, See instructions on back of certificate. CORD NENT PERMA IS A WITH UNFADING INK--THIS WRITE PL 11

BIND

FOR

MARGIN RESERVED

No. 1

PLACE OF DEATH County Kent	01989 STATE OF CERTIFICAT	MARYLAND E OF DEATH
A LINGTO DE	Registration	n Dist. No. 252
Village or City Clustertures (No.	Canada St.: Was	rd) (If death occurred in a hospital or institu-
2FULL NAME Wallace Shefford		d) (if death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH	8 , 193/ (Day) (Year)
May 14, 1896 (Month) (Day) (Year)	that I last saw h alive on	attended the deceased from
7 AGE 34 yrs. 9 mos. ds. or min.?	and that death occurred on the date sta The CAUSE OF DEATH 3 was as follows:	sed above, at 322 m,
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Durstion)	via mas 44 da
9 BIRTHPLACE (State or country) Mary land.	Contributory Secondary (Duration)	
10 NAME OF FATHER John Shepard	(Signed)	M. D.
OF FATHER (State or country) Mary land.	*State the Disease Causing Dea Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	th, or, in desths from Injury and (2) Whether
of Mother Canic Williams	18 LENGTH OF RESIDENCE (For Horients or Recent Residents)	
13 BIRTHPLACE OF MOTHER (State or Country) Mary land.		stateds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of death?	**************************************
(Informant) Jucker Barker	usual residence	DATE OF BURIAL
(Address) Chesterlown Med	· Chelestawet,	Feet: 20, 1931
15 Filed Feb. 19 1981 W.J. Dheele Registrar	20 UNDERTAKER Black	ADDRESS
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting \ R. Ellis Clark	7. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queshousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Duy laborer, Farm loborer, Loborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foremon, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locamotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, ployed, as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-For many occupations a single word or term on yrs). For persons who have no occupation

spinal meningitis"); Diphtheria (avoid use of "Croup") ed term for the same disease. Examples: Cerebraspina Statement of Cause of Death-Name, first, the DIS ferer (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept EASE CAUSING DEATH (the primary affection with respect Typhoid fever (never report "Typhoid Pneumonia"); pneumonia, Branchopneumania ("Pneumonia,

> American Medical Association.) (clanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway troin-Whooping peritonaeum, etc., Carcinoma, Sarcoma, etc., of .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condicough; Chronic valvular heart disease; nephrilis, etc. The contributory contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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N. B.--

PLACE OF DEATH	01990 STATE OF MARYLAND
County New Y	CERTIFICATE OF DEATH
Village or City & hester Foun (No)	Registration Dist. No. 202 Naple av St.: Ward) a hospital or institu-
2 FULL NAME Mary Eliza &	Slay tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Fingle WIDOWED, OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH Am 197, 184 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1910 to f & 23 , 193/, that I last saw h & alive on felt, 20 , 193/,
90 yrsmosds. ormin.	. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Home particular kind of work (b) General nature of industry	artero Schrous
business, or establishment in which employed or (employer)	(Durstion) / yrsde.
9 BIRTHPLACE (State or country) Md.	Contributory Secondary (Durstion)yrs
10 NAME OF Mm Sley	(Signed) H. Jenge Simmons/ M. D. 2-24 1921 (Address) Chestertown, Ma
OF FATHER (State or country) 12 MAIDEN NAME (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Louisa Orious.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Md.	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence
(Address) Chalfty town	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DESTRUCTION AND Feb 25°, 1931
15 Filed Held 1981 ENT Sticks Registrar	Lo Was L. Dodd Johnstrotown
If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. Md.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) nature of the husiness or industry, and therefore an tired 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Housewhatever, write None. business, that fact may be indicated thus; Farmer (re household only (not paid Housekeepers who receive a borer, Farm laborer, Laborer—Coal mine, etc. Womreport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is neces-Solesmon, 6

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospival fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,");

diseases resulting from childbirth or miscarriage as "PUERPERAL septicoemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic volvular heart diseose; Example: Measles (disease etc. The contributory not be

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH	01991 STATE OF MARYLAND
County /aul	CERTIFICATE OF DEATH
1 D.	107-8 Registration Dist. No. 202
Village or City (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and
2FULL NAME Nevry Rocke	lle Smith
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE. MARRIED. WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH # 2 , 192 /
6 DATE OF BIRTH 28 , 1930 (Month) (Day) (Year)	that I last saw h alive on , 192
7 AGE If LESS that day hrs ds. or min.	. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	Capillary Dromehilis.
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yremos_2da
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary (Durwing) yrs
10 NAME OF MM a, Swith	(Signed) Size & Dolly Charles M. D
OF FATHER (State or country) (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Marcella Lindsey	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Mary Laud!	At place of deathyrsmosds. In the Stateyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
Jun 8 :-	Former or usual residence
(Informant)// A Childrens)	Poemorea Md Tale 3 - 19.81
Filed Feb 2 1931 W T Sheks	- US W Stickes Chester Cours
If more blanks are needed, address State Registre	ar, 16 W. Saratoga St., Balto., Requesting V. S. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesmon. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionary fireman, etc. But in many tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH. Housemoid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealthe first line will be sufficient, e. g., Farmer or Planter, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Forenum, (b) Automobile factory. The material For many occupations a single word or term on Form laborer, Laboreryrs). For persons who have no occupation without more precise specification as Day (a) the kind of work and also (b) the -Coal minc, etc. Wom-6 Grocery;

Strtement of Cause of Death—Name, first, the pixEALE CAUSING DEATH (the primary affection with respect
to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosporal
fever (the only definite synonym is "Epidemic cerebrorepinal meningitis"); Diphtheria (avoid use of "Croup");
Typhoid fever (never report "Typhoid Pneumonia");
Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ol., (name origin; "Cancer" is less definite; avoid atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," Whooping American Medical Association.) Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; "Heart failure," "Haemorrhage," Chronic affection need not be etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on hack of certificate. CORD WITH UNFADING INK--THIS IS A PERMANENT IN WRITE PLA

MARGIN RESERVED FOR BIND

V. S. No. 1

1	PLACE OF DEATH	01992 STATE OF MARYLAND
H	County Cent	CERTIFICATE OF DEATH
1	WITHIN CORPORAT PLANT	Registration Dist. No. 202
	Village or City Chill Extonue No.	St.: Ward) (If death occurred in
200	2FULL NAME Jacof Smith	tion, give its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5	3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
200	male bold WIDOWED. Engles (Write the word)	(Month) (Day) (Year)
	6 DATE OF BIRTH Jan unknown, 1882	HEREBY CERTIFY, That I attended the deceased from the 16/3/3/3. J. W. 193/.
5	(Month) (Day) (Year)	that I last saw h Las alive on flet 16 1 f 1921
	7 AGE [If LESS than	
-	49 yrs. whoseward or min?	The CAUSE OF DEATH * was as follows:
2	A OCCUPATION	alooke sur
0	(a) Trade, profession or	O 1 Carlos O 1
	particular kind of work (b) General nature of industry	Toeson (Hood Rooty)
0	business, or establishment in	(Duration) vrs. works de
1	which employed or (employer)	Contributory
	9 BIRTHPLACE (State or country)	Secondary (Duration) yrs
-	10 NAME OF	The state of the s
0	FATHER Saac Smith -	(Signed) True Of the American M. D.
2	U II BIRTHPLACE	fel / 19 (Addissessessesses file)
	of FATHER Z (State or country) Md.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
	TI MAIDEN NAME	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	of MOTHER Calherine Coms	ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER	At place In the of death yrs mos ds. State yrs ds.
3	(State or Country)	
5	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
1 1	(Informant) Mus Eleanor Murray	Former or usual residence
		19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
200	(Address) Calrest	Chesterlan- Let 18, 1931
0	15 Filed 7et 17 1931 mg Hacks	20 UNDERTAKER Stule Chesterlom
	If more bianks are needed, address State Registrate	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an business, that fact may be indicated thus; Farmer (rd. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the laborer, er," etc., whatever, write None. Foreman, For many occupations a single word or term on 07 yrs). Farm laborer, (b) Cotton mill; (a) Salesman. (b) At Home, and children, without more precise specification as Day (b) For persons who have no occupation If the occupation has been changed Automobile factory. The material Laborer-Coal mine, etc. Womnot gainfully em-Grocery,

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros and fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

Recommendations on statement of cause of approved by Committee on Nomenclature American Medical Association.) "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was underas fracture of skull, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, perilonacum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid interstitial nephritis, FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as cough; " "Marasmus," "Old Age," "Shock," Chronic and consequences (e. g., sepsis, etc. The contributory valvular heart not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

1931

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WRITE PLEATH, WITH UNFADING INK-TINE Severy Item of information should be carefully supported State CAUSE OF DEATH in plain term	MARGIN RESERVE	UNFADING INKTI	ould be carefully supply DEATH in plain term
WRITE PI		ME, WITH	information sho state CAUSE O
	3. No. 1	WRITE PI	CIANS should

PLACE OF DEATH	01993 STATE OF MARYLAND CERTIFICATE OF DEATH
WITHIN CORPORT OF ALL	Registration Dist. No. 20 V
Village or City Mesterbion (No. 40	St.: Ward) (If death occurred in a hospitel or institu- tion, give its NAME in-
2 FULL NAME Thereis digately	Vilghusse stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCE OR DIVORCE OR DIVORCE OR DIVORCE OR DIVORCE OR DIVORCE	16 DATE OF DEATH PL 19 1931
(White the word)	(Month) (Day) (Year)
6 DATE OF BIRTH Colober 1st , 1871	1986 to 1st 19 , 153 !
(Month) (Day) (Year) 7 AGE fLESS than	and that death occurred on the date stated above, at 1824,
59 yrs. 5 mos. 21 ds. or min.?	The CAUSE OF DEATH I was as follows:
B OCCUPATION Trade, profession or	their & generally - no injury was
particular kind of work (b) General nature of industry	known to precede the infection, cult 67.
business, or establishment in which employed or (employer)	(Duretion)yre,
9 BIRTHPLACE (State or country) Haryland	Contributory Secondary nothing definite could be obtained. (Duration) year
10 NAME OF Herryl Yorker	(Signed) M. D. Machines M. D. Machines M. D.
OF FATHER (State or country) (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Sples Trusty	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Maryland	At place of deathyrsmosde. In the Stateyrsmosde.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Unnie Hays	Former or usual residence
(Address) Thesterland Hogy	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Let 23, 1981
15 Filed Feb 23 1931 N.J. Wicks Registrar	PEllis Clark Chesterlous
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salcsman. (b) Grocery, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foroman," "Manager," "Deal-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material -Coal mine, etc. Wom-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospital meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropey," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL perilonitis, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-(secondary Whooping cough; Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiperilonaeum, etc., Carcinoma, Sarcoma, etc., ol... (name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be ass important. Example: Measles (disease Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions abswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU

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PLACE OF DEATH County / Class	O1994 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Dutch by Wa (No. 1	Registration Dist. No. 20/ St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
PERSONAL AND STATISTICAL PARTICULARS	M. f/alson number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED: OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw hamplive on Sel 2 3 - 1931.
7 AGE IfLESS than	and that death occurred on the date stated above, at A And
yrs. mos. 2 ds. or min.	. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Enabelity to Lee
9 BIRTHPLACE (State or country) Outen lown Ind	Secondary (Duration) yrs., mos & ds.
10 NAME OF Kennard Walson	(Signed) Land Well M. D.
OF FATHER (State or country)	*State the l'is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
T 12 MAIDEN NAME OF MOTHER	RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER Connedwiller	ients or Recent Residents)
(State or Country)	Where was disease contracted, if not at place of dea.h?
(Informant) Berlie & Wilmort	Former or usual residence
(Address) Soutch Corum Ind	mound Fron Com Feli 25, 1931
15 flor 21 21 len O. O. a. la	20 UNDERTAKER APPRESS

If more b.anks are needed, address Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

Spinner, definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emshould be used only when needed. As examples: (a) fulness of various pursuits can he known. The quescupation is very important, so that the relative healthfired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the dutics of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know: (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (Ta guged in domestic service for wages, as Servant, Codin Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH to report first line will be sufficient, e. g., Farmer or Planter, Foreman, For many occupations a single word or term on man, (b) Automobile factory. The material specifically the occupations of persons en-Stationary fireman, etc. But in

Statement of Cause of Death—Name, first, the Drame EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

4

B permanently filed.

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is Cas fracture of skull, and consequences (e.g., sepsis, (Recommendations on statement of cause of death "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease approved by Committee on tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, "PUERPERAL septicaemia," "PUERPERAL peritonitis, "E:haustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomunqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoued by Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions," peritonaeum, etc., Never report mere symptoms or terminal condiinterstitial nephritis, FOR VIOLENT DEATHS state MEANS OF INJUNY (name origin; "Cancer" is less definite; avoid cough; or intercurrent) Chronic Carcinoma, Sarcoma, etc. The contributory valvular heart disease; affection need Nomenclature of the not be etc., of

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statement of

S EVERY County

PLACE OF DEATH

01995

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 202

A	11/4	COMP		1	11	/-			
Village	or	City_	(ke	ol	er	lops	· (No	·
						17	/		-

Ward)

(If death occurred in a hospital or institugive its NAME inof street and

> (Year) the deceased from

2 FULL NAME Therfert Well.	stead of number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MALL COLOR OR RACE 5 SINGLE, MARRIED, MAJULE OR DIVORCED (Write the word)	16 DATE OF DEATH Tel /6 (Month) (Day)
DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the defect of 16/37, 6/1/2 1931 that I last saw h lim alive on feel 16
4 Jyrs. sintenos ds. or min.?	
(a) Trade, profession or particular kind of work	Fire Mood alcoho
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs.
BIRTHPLACE (State or country) Mul	Contributory Secondary [Duration] [Duration]
10 NAME OF FATHER HENRY Wills	(Signed Jarry L. Dask, Ca

11 BIRTHPLACE PARENTS OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

OF MOTHER (State or Country)

(Informant)	An	We	els.
(Address)	gree .	201	2/10/6

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

Causing Death,

Means of Injury and

or, in

At place of deathyrsmosds.	In the Stateyrsmosds
Where was disesse contracted, if not at place of death?	

Former or usual residence BLACE OF PUBLAL OF REMOVAL

*State

the

Causes, state (1)

Accidental, Suicidal or Homicidal.

hest	wil	me

DATE OF BURIAL

(2) Whether

20 UNDERTAKER

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

(Approved by U.S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a laborer, Spinner, (b) Cotton mill; (a) Salcsmon. (b) nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, whatever, write Nonc. business, that fact may be indicated thus; Farme or given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, (b) Automobile factory. The material For many occupations a single word or term on or Al Home, and children, not gainfully em-Farm laborer, Loborerwithout more precise specification as Doy For persons who have no occupation -Coal mine, etc. Grocery, Wom-

spinal meningitis"); Diphtheria (avoid use of "Croup ed term for the same disease. Examples: Cerebrosp to time and causation), using always the same accept Statement of Cause of Death-Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect Typhoid fever (never report "Typhoid Pneumonia" (the only definite synonym is "Epidemic cerebro pneumonia, Bronchopneumonia ("Pneumonia," inal

> Recommendations on statement of cause of death inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) stated unless important. use of "Tumor" for malignant neoplasms); Measles; "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary) (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL seplicaenna," "PUERPERAL perilonilis," elc. "Exhaustion, approved by telanius) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., scpsis, carbolic acid-probably suicide. The niture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway troinor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Atrophy," "Collapse," "Coma," &"Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiinterstitial nephritis, FOR VIOLENT DEATHS State MEANS OF INJURY cough; 99 Committee on "Heart failure," "Haemorrhage," Chronic Example: Measles (disease etc. valvular heart disease; Nomenclature The contributory

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1	PLACE OF DEATH		STATE OF M	
Cour	nty Kent	(179)	CERTIFICATE	011-
JIHA	1000 Coffee / L -		Registration D	ist. No.
	or City Chesterion (No. 2FULL NAME LANDA WEL	Ls	St.:Ward)	(If death occurred is a hospital or institution, give its NAME is stead of street an number.)
F	PERSONAL AND STATISTICAL PARTICULARS	MEDICA	L CERTIFICATE C	F DEATH
3 SEX	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)			(Day) (Year)
6 DATE	(Month) (Day) (Yeer)	17 I HEREBY	THE 192/ Hot I atte	nded the deceased from
7 AGE	HO yrs. mos. ds. or min.?	The CAUSE OF DEATH	* was an follows:	above, at
(a) T	rade, profession or Affrical work	Preson	Wood al	cohol)
busin	eneral nature of industry ess, or establishment in h employed or (employer)		(Duration)	yre
9 BIRT	HPLACE tate or country) MA	Contributory Secondary	(Durstion)	yıs
	NAME OF John Gould	(Signed)	L. Dodd	- Carry M. I
Z L	BIRTHPLACE OF FATHER (State or country)	*State the Disc	e (1) Means of Inj	or, in deaths from ury and (2) Whether
12	OF MOTHER CINNER HOT Kes -	18 LENGTH OF RESI	DENCE (For Hospit	ais, Institutions, Tran
13	BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmo	In the State	yrsmosd
	ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contra if not at place of death? Former or usual residence	cted,	
(In	(Address) Chestertonn md,	19 PLACE OF BURIAL	OR REMOVAL	Zef 18, 19 3
File	d Fet 17 1981 W. J. Dficks	20 UNDERTAKER W.J.	Kicks	Cheslerlon
-	If more branks are needed, address State Registra	r, 16 W. Saratoga St., B	aito., Requesting V. S	. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from, or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborerwithout more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the -Coal minc, etc. Wom-(6) Grocery;

Statement of Cause of Death—Name, first, the bigs-sease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospital fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (secondary Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; or intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory Measles;

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01997 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred inWard) a hospital or institustead of street wumber.) 2 FULL NAME PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 4 COLOR OR RACE | 5 SINGLE, 3 SEX WIDOWED should (Month) OR DIVORCED (Write the word) CERTIFY. That I attended the deceased 6 DATE OF BIRTH that I last saw h alive on . (Month) (Year) (Day) and that death occurred on the date stated above, at 0 7 AGE If LESS than The CAUSE OF DEATH & was as follows: I day hrs.ds.lor....min.? OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in import which employed or (employer).... Contributory 9 BIRTHPLACE Secondary (State or country) (Duration)vrs......mos..... 10 NAME OF PATHER 11 BIRTHPLACE ENT *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Heans of Injury: and (2) whether Accidental, Suicidal or Homicidal, OF FATHER 0 (State or country) 2 12 MAIDEN NAME 4 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-State ients, or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of death yrs. mos..... da. State,yrs......mos. 0 (State or country) Where was disease contracted. of shoul 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of death?.. usual residence (Informant) statem EVOLY if more blanks are needed, address State Registrar. W. Saratoga St., Balto., Requesting V. S No. 1.

(Approved by U. S. ('ensus and American Public Health Association.)

whatever, write None. business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook to report specifically the occ pations of persons enployed, as At school or At home. (are should be taken work, or 41 definite salary), may be entered as Housewife, House en at home. er," etc., without more precise specification (a) Foreman, (b) Automobile factory. The material Housemaid. etc. household only (not paid Housekeepers who receive a laborer. Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore worked on may form part of the second statement. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer Civil engineer, Stationary firemen, etc. But in many the first line will be sufficient, e. g., Farmer or Plunter fulness of various pursuits can be known. The quesexpation is very important, so that the relative health-Statement of Occupation-Precise statement of oc applies to each and every person, irrespective of For many occupations a single word or term on especially in industrial employments, it is neceswho are engaged in the duties of the Home, and children, not gainfully em-For persons who have no occupation If the occupation has been changed as Day 311

Asse causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerehrospinal fever (the only definite synonym is "Epidemie ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid phenmenia"). Lobar pneumonia, Bronchopneumonia ("Pneumonia").

ment of cause of death approved by Committee on head quences (e. g., sepsis, tetanus) may be stated under the Poisoned by carbolic acid—probably suicide. Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and conse-Examples: Accidental drowning; "PUERPERAL septicaemia." "PUERPERAL peritonitis," conditions, such as "Asthenia." as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or Homicidal, or State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease rhage." "Inanition." "Marasmus," "Old Age," "Shoek," "Dropsy." "Exhaustion," "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia use of "Tumor" for malignant neoplasms); Measles; vulsions," stated unless important. (secondary or intercurrent) Chronic interstitial nephritis, etc. The contributory Whooping cough; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men -accident; Revolver wound of head-homicide; .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY "contributory." "Debility" ("Congenital," "Senile," etc.), Chronic valvulur heart disease; (Recommendations on state-Example: Measles (discase affection need "Ашаетіа" Struck by railway The na-(second-(merely "Conetc.

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